

NOTICE OF INDEPENDENT REVIEW DECISION

May 28, 2003

RE: MDR Tracking #: M2-03-0983-01-SS
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient had an on the job injury ____ when he was carrying supplies, slipped and fell down 15 stairs, landing on his back. He reports feeling immediate neck and thoracic pain. His initial thoracic CT scan was negative for fracture and he was placed on medications including steroids. An electromyography (EMG) study from 07/08/02 reveals C5-C6 radiculopathy on the right. A cervical CT scan performed on 03/13/02 revealed spondylosis at C3-C4 with disc protrusion. The patient has had two cervical epidural steroid injections which he states gave him a few days' relief.

Requested Service(s)

An anterior cervical discectomy and fusion with plate at C3-C4

Decision

It is determined that the anterior cervical discectomy and fusion with plate at C3-C4 is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

An anterior cervical discectomy and fusion at C3-C4 is appropriate and medically necessary for this patient. The symptoms of cervical pain, local headache and bilateral upper extremity dysfunction (i.e. numbness, weakness, pain) are typical of this condition. The myelogram revealed significant neural compromise at this level and symptoms have not responded to conservative care. Therefore, the anterior cervical discectomy and fusion with plate at C3-C4 is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 28 th day of May 2003.
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